

Examples of States' Billing Codes for Mental Health Services, Publicly Funded

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Purpose and Background.

This collection of examples of successful codes that states use to bill for mental health services is the outgrowth of a collaborative Federal project. The three agencies working together on this project include SAMHSA, CMS and HRSA. The project began in 2005 as a response to the President's New Freedom Commission recommendations, and the ensuing Federal Action Agenda for carrying out those recommendations. One of the action steps was to address reimbursement barriers to payment of mental health services provided in primary care settings, particularly in the public sector. To that end, the three Federal agencies consulted with key informants, convened a Forum of experts, wrote a literature review, White Paper, and Final report on Reimbursement of Mental Health Services in Primary Care Settings (Kautz, C., Mauch, D., & Smith, S. A. *Reimbursement of mental health services in primary care settings* (HHS Pub. No.SMA-08-4324). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2008, publication pending). The Forum of experts suggested, among other things, that collecting examples of what States and providers do now to bill for mental health services, and sharing that information via a simple, accessible document for the use of providers and States, would be very helpful.

We hope you find this publication useful, and we welcome your feedback.

A brief orientation to HCPCS codes

In the public sector, both Medicare and Medicaid are billed using the Healthcare Common Procedure Coding System (HCPCS) codes. The HCPCS is primarily two separate and different sets of codes, referred to as Level I Current Procedural Terminology ("CPT codes"), and Level II (State codes). The Level I CPT codes were created and are maintained by the American Medical Association; while the Centers for Medicare and Medicaid Services maintains the Level II State codes.

The HCPCS (pronounced "HIC PICS") refers to both these Level I and II codes. There are some "Level III" codes, being phased out, which can be used in special situations, for infrequent local services that do not have a code, such as unanticipated emergency services in a unique situation like September 11 or Hurricane Katrina.

The HIPAA legislation of 1996 specified that all medical coding systems in the future should be uniform and standardized nationally, and it projected phase-in dates, by 2003, which have been extended more than once for some Level II codes. HIPAA also required use of the ICD-9-DM (International Classification of Diseases) medical manual for diagnoses, which includes mental disorders, rather than the use of the DSM (Diagnostic and Statistical Manual of Mental Disorders) that mental health clinicians had previously used for mental diagnoses.

Introduction to Level I and Level II HCPCS Codes

Level I Codes are the Current Procedural Terminology or “CPT” codes and are owned and maintained by the American Medical Association, which initiated them in 1966. The CPT codes are 5-digit numbers, for example, 90806. These codes are often used by providers billing Medicare or private insurance companies. (Medicaid can also pay for some Level I CPT codes if the State decides to allow, as can State MH Agencies.)

Level II are nationally standardized State codes, determined by the Centers for Medicare and Medicaid Services (CMS), and applied by each State. These codes are often used by providers billing the State Medicaid agency for services rendered to Medicaid beneficiaries. Level II codes are 5-digit, and begin with a letter that is followed by a 4-digit number, e.g., H4006. Medicare also pays for Level II codes, but specifically excludes the codes beginning with “H” or “T,” which includes most mental health and substance abuse screening and treatment services.

The Level II codes are used by many States and, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), are required to be standardized nationally. The codes beginning with A through V are nationally the same; however, the codes W – Z vary from State to State. States are trying to switch to use only nationally standardized codes.

HCPCS and the public sector: Medicare and Medicaid both use both Level I and II codes. Under Medicaid, the States specify what codes may be reimbursed. Each State is different. Under Medicare, the Level I CPT codes are most commonly used, but must be each approved by CMS for Medicare payment. Certain (but not all) Level II codes, the State codes, are allowed to be used under Medicare, and CMS is the decision maker for what codes are allowed in Medicare payment. Although HCPCS refers to both Level I and Level II codes, a point of confusion is that in common usage, often times the term “HCPCS” is used informally to refer principally to only Level II (State) codes rather than both Levels I and II.

Please see Table I for a summary of codes and payers.

More Specifics

Level I: Current Procedural Terminology

CPT level I codes fall into several categories that are relevant to mental health billing. Level I HCPCS codes used for mental health services are in the Evaluation and Management (EM) as well as the Medicine sections of the CPT manual. In the Medicine section, the two areas that apply specifically to mental health services are the Psychiatry codes (90801 – 90899) and the Health Behavioral Assessment and Intervention (HBAI) codes (96150 – 96155).

CPT 5-digit numeric codes include:

- Psychiatric codes (90801 – 90899),
- Health Behavioral Assessment & Intervention (“HBAI” codes 96150 – 96155)
- Evaluation & Management (“EM” codes—4 categories):

- ❖ Office: 99201 – 99215;
- ❖ Consultation: 99241 – 99255;
- ❖ Home care: 99324 – 99340; and
- ❖ Preventive: 99381 – 99429 (99230 – 99440 are exclusively for newborn treatment).

Psychiatry codes, 90801 – 90899

According to Medicare, the “psychiatry” CPT procedure codes 90801-90899 may be used by mental health specialists: physicians, physician extenders (such as nurse practitioners, clinical nurse specialists, or physician assistants), and nonphysicians, such as clinical social workers (CSW) licensed by the State; and clinical psychologists, licensed by and subject to State criteria, operating within the scope of their practice as defined by the State. This range of Psychiatry procedure codes 90801-90899 can be used to treat patients with primary mental disorders that are identified by ICD-9-CM diagnosis codes 290-319. When submitting claims for outpatient mental health services under the Medicare program, the claim must contain an appropriate diagnosis code, procedure code and a place of service code.

State Medicaid offices specify what type of provider may use the Psychiatry codes; many states limit reimbursement for these codes to mental health specialists such as psychiatrists, advanced practice psychiatric nurses, clinical social workers, or psychologists. Although Medicare does not limit psychiatry CPT codes to be used only by physicians who are specialized in mental health, Medicare does, however, direct carriers billing for Medicare payment to evaluate the providers’ qualifications and licensure or certification to perform mental health services, and to evaluate whether the physician is operating within the State scope of practice and the services are reasonable/ necessary. This may be a source of variable interpretation and payment variability, in that states may vary in specificity of provider type that they authorize to deliver specialized mental health services.

HBAI and EM codes

The use of HBAI CPT Codes requires a primary medical diagnosis from the ICD-9-CM. The mental symptoms are a result of the physical or medical primary problem. HBAI codes used for a beneficiary with a mental health problem due to a primary physical illness are to be used by non-physicians such as clinical psychologists or MH specialists; however, CSWs may not bill Medicare using HBAI or EM codes.

EM services codes can be used with a primary diagnosis of either a physical or mental illness. EM codes are most successfully used by physicians such as primary care MDs or physician extenders. EM codes are not recommended for use under Medicare by clinical psychologists.

To use EM codes, the physician would use the appropriate outpatient EM procedure code with the applicable a primary ICD-9 diagnosis. If billing Medicare, local carriers or fiscal sometimes reject a claim from a primary care provider using a mental diagnosis. Even when approved, Medicare reimbursement for a mental diagnosis may be at the 50% level, rather than the reimbursement level of 80% for primary non-mental physical illness.

If billing Medicaid using an EM procedure code, many states report that they allow use of mental disorders 290 – 319 from the ICD-9-CM, such as 311 Depressive disorder, 300.00 Anxiety disorder, or 300.02 Generalized Anxiety Disorder.

Level II: State Codes

Level II HCPCS codes beginning with letters A through V are national codes; however, there are certain codes that Medicare does not pay for, such as the H and T (Mental Health and Substance Abuse codes); however, most Medicaid programs do allow many H and T codes. In addition, S-codes are not recognized by Medicare; however, they are used by other third party payers (e.g., Aetna, Blue Cross/Blue Shield, Department of Defense, Humana, etc.).

Level II codes beginning with W, X, Y and Z are local State codes, and may vary from State to State. States may specify which nationally standardized codes they allow (the A – V codes); some states also use some W – Z codes, such as Maine, which are specific to that individual state only.

Newer codes: As of January 1, 2007, two “H” codes were approved and effective under Medicaid: H0049 (alcohol and /or drug screening) and H0050 (alcohol and/ or drug brief intervention, per 15 minutes), and so far, states are exploring use of them.

As of January 1, 2008, Medicare will pay for the two new “G” codes, for assessment and brief intervention for alcohol and/or drug abuse services. G0396 (15 minutes) and G0397 (same services for 30 minutes) are the two new billable codes under Medicare, and they replicate the new Level I CPT codes numbering 99408 and 99409 for private insurers.

The Appendices in this document

This document contains the summarized responses of 11 States that chose to answer a question posed in a conference call. SAMHSA joined CMS and some states for a regularly scheduled State Technical Assistance conference call in February 2007. We asked if any states had lists of MH codes they allow, or could answer the question, “what codes does your State allow?”

The appendices listed below summarize States’ mental health codes allowed, and providers who may use the codes. Here is a list of the Appendices::

- A. List (by State) of “Most Frequently Used MH codes” in order of use.
- B. List (by State) of providers allowed to use that code in that state.
- C. List by code number of definitions of each code reported to us (from AMA’s Level I CPT public website or the HIPAA/ SAMHSA website of Level II HCPCS codes).
- D. List of States participating, and their contact persons.

Separate Electronic Attachments:

1. Table I, MH codes and Payers
2. List (by State) of Codes used in Medicaid to Reimburse for Mental Health Services.

Reference for code sources:

Level I CPT codes AMA searchable website: https://catalog.ama-assn.org/Catalog/cpt/cpt_home.jsp

Level II. These codes are used by many States and, under HIPAA, most are required to be standardized nationally. A link to the Level II alphanumeric HCPCS file, which must be downloaded in zip version and opens in Excel, is

<http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage>

Zipped filename to download: 2007 Alpha-Numeric HCPCS File, Actual File:
07anweb_v3_122106.xls

Most Frequently Used Codes to Bill For Mental Health Services

Reported as of August 24, 2007

I. Vermont

Evaluation & Management codes

Code	Description
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; medical decision-making
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision-making
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical

Code	Description
	decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.

HCPCS State codes

Code	Description
H2017	Psychosocial rehabilitation services, per 15 minutes
H2022	Community based wrap around services, per diem
H0005	Alcohol and/or drug services; group concealing by clinician
H0004	Behavioral health counseling and therapy, per 15 minutes
H0018	Behavioral health; short term residential without room and board, per diem

II. **New Jersey**

Psychiatry CPT

Code	Description
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90801	Psychiatric diagnostic interview examination
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90847	Family psychotherapy (with patient present)
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services

HCPCS State codes

Code	Description
Z0330	Transportation one way to the clinic
Z0170	Partial Care per hour

III. Ohio

Psychiatry CPT

Code	Description
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility,

Code	Description
	approximately 45 to 50 minutes face-to-face with the patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services

Health Behavior Assessment & Intervention (HBAI)

Code	Description
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment

Evaluation & Management

Code	Description
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem-focused history; an expanded

Code	Description
	problem-focused examination; medical decision-making
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision-making
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem-focused history; a problem-focused examination; medical decision-making for minor problem
99203	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a detailed history; a detailed examination; and, medical decision-making of low complexity
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician, or pharmacological management by nurse practitioner or physician's assistant (approximately 5 to 10 minutes)
99243	Office consultation for a new or established patient, which requires 3 key components: a detailed history; a detailed examination; and, medical decision-making for a problem of low complexity (Approx. 40 minutes)
99244	Office consultation for a new or established patient, which requires 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making of moderate complexity for problems of a moderate/high severity (Approx. 60 minutes)
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,

Code	Description
	counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)

IV. California

Psychiatry CPT

Code	Description
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

Health Behavior Assessment & Intervention (HBAI)

Code	Description
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

Code	Description
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

V. Oklahoma

Psychiatry CPT

Code	Description
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90847	Family psychotherapy (with patient present)
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient

HCPCS State codes

Code	Description
H2017	Psychosocial rehabilitation services, per 15 minutes
S9484	Crisis intervention, mental health services, per hour

VI. Maine

Evaluation & Management

Pulled from paid claims with a line from service date in calendar year 2006 and a primary diagnosis code between 290 and 316. Then compared with those claims with a procedure code from the Maine list in the State Codes document. The top five codes based on the number of paid claim lines are below:

99213 Office/outpatient visit, est
99214 Office/outpatient visit, est
99212 Office/outpatient visit, est

Psychiatry CPT

90801 Psy dx interview
90853 Group psychotherapy

Reported as of August 24, 2007

Appendix B

Providers Billing Table by State

Reported as of August 10, 2007

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
Arizona	90801 90802 90804-90819 90821-90824 90826-90829 90845-90847 90849 90853 90857 90862 90870 90875 90876 90880 90882 90885 90887 90889 90899 99201-99205 99211-99215 99241-99245 99251-99255	Physician
	90801 90802 90804 90806 90808 90810 90812 90814 90816 90818 90821 90823 90826	Psychologist

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	90828 90846 90847 90849 90853 90857 90875 90876 90880 90882 90885 90887 90889 90899	
	90801 90802 90804-908199 90821-90824 90826-90829 90846 90847 90849 90853 90857 90862 90875 90876 90880 90882 90885 90887 90889 90899 99201-99205 99211-99215 99241-99245 99251-99255	Physician assistant
	90801 90802-90819 90821-90824 90826-90829 90846	Nurse Practitioner

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	90847 90849 90853 90857 90862 90875 90876 90880 90882 90885 90887 90889 90899 99201-99205 99211-99215 99241-99245 99251-99254	
	90801 90802 90804 90806 90808 90810 90812 90814 90846 90847 90849 90853 90857	Licensed clinical social worker
Maine	Z4100 Z4114 Z4121 Z4127 Z4134 Z4141 Z4148 Z4155 Z4162 Z4176	Physician
	Z4101 Z4115 Z4122 Z4128	Psychiatrist

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	Z4135 Z4142 Z4149 Z4156 Z4163 Z4177	
	Z4102 Z4116 Z4123 Z4129 Z4136 Z4150 Z4157 Z4164 Z9063 Z6057-6059 Z9057-9059 Z9061 Z6076-6086 Z9110-9113 96150-96152	Psychologist
	Z4103 Z4117 Z4124 Z4130 Z4137 Z4151 Z4158 Z4165	Social worker
	Z4104 Z4118 Z4125 Z4131 Z4138 Z4152 Z4159 Z4166	Licensed clinical professional counselor
	Z4105 Z4119 Z4126 Z4132 Z4139 Z4143	Psychiatric nurse

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	Z4153 Z4160 Z4167 Z4178	
	Z4106 Z4120 Z4140 Z4154 Z4168	Other qualified staff
	Z4133 Z4161 Z6080-6091 96150-96152	Psychological examiner
	Z4144 Z4179	Nurse practitioner
	Z4145 Z4180	Physician assistant
	Z4146 Z4181	Registered nurse
Ohio	90801 Z1839	Physician
	H0031 Z1832	Non-physician
	90804 90806 90808 90810 90846 90847	Federally qualified health center
	90801 90804-90809 90816 90847 90853	Mental health department
	90801 90804 90806 90808 90847 96153 99201-99204 99211-99215 99241	Nurse practitioner

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	99243 99244 99254	
	90801 90804 90806 90846 90847 90853 96152 99201-99205 99211-99215 99241-99245 99251-99255	Physician group
	90801 90802 90804-90806 90808 90812 90816 90846 90847 90849 90853 90862 96150 96152 99201-99205 99211-99215 99241-99245 99251-99255	Physician individual
	90801 90804 90806 90808 90816 90818 90846 90847 90882 99212 99255	Psychologist group

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	90801 90802 90804-90810 90812 90814 90816-90818 90821 90846 90847 90849 90853 90885 90887 90889 96152	Psychologist individual
	90801 90804 90806 99201-99204 99211-99215	Public health department clinic
	99252-99254	Advance practice nurse group
	99201 99202 99204 99212-99214	Clinic- Rehabilitation
	99203 99205 99211 99213 99214	Clinic- Mental, drug and alcohol
	99204 99213 99214	Clinical nurse specialist individual
	99201-99205 99211-99215 99241-99243 99251 99252 99255	Federally qualified health center

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	99201-99205 99212-99215 99243-99245 99251-99255	General Hospital
	99211-99215	Mental health department
	99214 99251	Nurse anesthetic
	99202-99204 99211-99214 99251	Nurse midwife
	99203-99205 99212-99215	Outpatient health facility
	99214	Pharmacy
Oklahoma	99252-99254	Advance practice nurse group
	99204 99213 99214	Clinical nurse specialist (individual)
	90801 90802 90804-90806 90808 90812 90816 90846 90847 90849 90853 90862 96150 96152 99201-99205 99211-99215 99241-99245 99251-99255	Physician individual
	90801 90804 90806 90808 90816 90818	Psychologist group

<i>State</i>	<i>Codes</i>	<i>Providers who may bill</i>
	90846 90847 90853 90882 99212 99255	
	90801 90802 90804-90810 90812 90814 90816-90818 90821 90846 90847 90849 90853 90862 90885 90887 90889 96152	Psychologist individual
	90801 90806 90818 90853 99201-99205 99212-99215 99243-99245 99251-99255	General hospital
	90801 90804 90806 90846 90847 90853 96152 99201-99205 99211-99215 99241-99245 99251-99255	Physician group

Appendix C

Responses from States on Successful CPT or HCPCS State codes used to bill Medicaid for MH Compiled July 27, 2007

Psychiatric CPT codes:

Code	Description
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90803	Alcohol and/or drug screening; laboratory testing of client specimens to detect the presence of alcohol and other drugs.
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility,

Code	Description
	approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient with medical
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or

Code	Description
90817	residential care setting, approximately 20 to 30 minutes face-to-face with the patient Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or

Code	Description
	residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90845	Medical psychoanalysis no units specified
90846	Family psychotherapy, conjoint psychotherapy (without the patient present)
90847	Family psychotherapy (with patient present)
90849	Multiple family group psychotherapy
90853	Group psychotherapy, adult or child, per session
90857	Group psychotherapy, adult or child, per

Code	Description
	session
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes
90870	Attending physician charges Electroconvulsive therapy, single seizures, per day
90871	Electroconvulsive therapy, multiple seizures, per day
90875	Individual psycho physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 20-30 minutes)
90876	Individual psycho physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 45-50 minutes)
90880	Hypnotherapy
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	Interpretation or explanation of results of psychiatric, other medical exams & procedures, or other accumulated data to family/responsible person(s), or advising them how to assist or manage patient.
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers
90899	Unlisted psychiatric service or procedure

Health Behavior Assessment & Intervention (HBAI) codes:

Code	Description
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

Evaluation & Management (EM) codes:

Code	Description
99201	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a problem-focused history; a problem-focused examination; and, straightforward medical decision-making for a minor problem
99202	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: expanded problem-focused history; an

Code	Description
	expanded problem-focused exam; and medical decision-making for low to moderate severity problem
99203	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a detailed history; a detailed examination; and, medical decision-making of low complexity
99204	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making for problems of moderate to high severity
99205	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making of high complexity
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician, or pharmacological management by nurse practitioner or physician's assistant (approximately 5 to 10 minutes)
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem-focused history; a problem-focused examination; medical decision-making for minor problem
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 93 key components: an expanded problem-focused history; an expanded problem-focused examination; medical decision-making
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least

Code	Description
	2 of these 3 key components: a detailed history; a detailed examination; medical decision-making
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; and medical decision-making of high complexity
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem-focused history; a problem-focused examination; and, medical decision-making for a minor presenting problem (Approx. 15 minutes)
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; and, straightforward medical decision-making for problems of a low severity
99243	Office consultation for a new or established patient, which requires 3 key components: a detailed history; a detailed examination; and, medical decision-making for a problem of low complexity (Approx. 40 minutes)
99244	Office consultation for a new or established patient, which requires 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making of moderate complexity for problems of a moderate/high severity (Approx. 60 minutes)
99245	Office consultation for a new or established patient, which requires 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making for a problem of high severity (Approx. 80 minutes)
99251	Initial inpatient consultation for a new or established patient, which requires 3 components: a problem-focused history; a

Code	Description
99252	problem-focused examination; and, straightforward medical decision-making for a minor problem (Approx. 20 minutes) Initial inpatient consultation for a new or established patient, which requires 3 components: an expanded problem-focused history; an expanded problem-focused examination; and, straightforward medical decision-making for a problem of low severity
99253	Initial inpatient consultation for a new or established patient, which requires 3 components: a detailed history; a detailed examination; and, medical decision-making of low complexity for a problem of moderate severity (Approx. 55 minutes)
99254	Initial inpatient consultation for a new or established patient, which requires these 3 components: a comprehensive history; a comprehensive examination; and, medical decision-making of moderate complexity
99255	Initial inpatient consultation for a new or established patient, which requires these 3 components: a comprehensive history; a comprehensive examination; and, medical decision-making of high complexity
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination & a straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination & medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with

Code	Description
99326	the patient and/or family or caregiver. Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination & medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination & medical decision making of moderate complexity. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination & medical decision making of high complexity. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99331	Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; & medical decision-making for a patient who is stable or improving (Approx. 15 minutes).
99332	Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least two of these three key components: an expanded problem-focused interval history;

Code	Description
99333	<p>an expanded problem-focused examination; & decision-making for a patient who is responding inadequately or for a minor complication (Approx. 25 minutes).</p> <p>Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least two of these three key components: a detailed interval history; a detailed examination; and, decision-making regarding unstable patient/significant complication/new problem (Approx 35 minutes).</p>
99334	<p>Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least two of these three key components: a problem focused interval history; a problem focused examination & straightforward medical decision making. Usually, the presenting problems (s) are self limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.</p>
99335	<p>Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.</p>
99336	<p>Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least two of these three key components: a detailed interval history, a detailed examination; medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family</p>

Code	Description
99337	or caregiver. Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination & medical decision making of moderate to high severity. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99339	Domiciliary-home care supervision
99340	Domiciliary-home care supervision
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30

Code	Description
99343	<p>minutes face-to-face with the patient and/or family.</p> <p>Home visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.</p>
99344	<p>Home visit for the evaluation and management of a new patient, which requires these three components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p>
99345	<p>Home visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.</p>
99381	<p>Initial comprehensive preventive medicine</p>

	evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years

99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 65 years and older
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures,

	established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and older
99401	Preventive counseling, individual
99402	Preventive counseling, individual
99403	Preventive counseling, individual
99404	Preventive counseling, individual
99411	Preventive counseling, group
99412	Preventive counseling, group
99420	Health risk assessment test

99429

Unlisted preventive service

Level II Codes: Health Care Current Procedure Coding System (HCPCS)

A0080	Non emergency transportation, per mile. Vehicle provided by volunteer
A0090	Non emergency transportation, per mile. Vehicle provided by individual (family)
A0100	Non emergency transportation services, taxi
A0110	Non emergency transportation services, mini-bus, mountain area transport or other
A0120	Transportation systems
A0130	Non emergency transportation services: wheel-chair van
A0140	Non emergency transportation and air travel (private or commercial)
A0160	Non emergency transportation, per mile- case worker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0180	Non emergency transport lodging recipient
A0190	Non emergency transport meals recipient
A0200	Non emergency transport lodging escort
A0210	Non emergency transport meals escort
A0382	Basic support routine supplies
A0398	ALS routine disposable supplies
A0420	Ambulance waiting (30 minutes)
A0422	Ambulance 02 life sustaining
A0425	Non Medicaid-funded ambulance
A0426	Ambulance service, Advanced life support, Non-emergency transport, Level 1 (ALS)
A0427	Non Medicaid-funded ambulance
A0428	Ambulance service, basic life support, non- emergency transport, (BLS)
A0429	BLS-emergency

A0430	Fixed wing air transport
A0431	Rotary wing air transport
A0434	Specialty care transport
A0435	Fixed wing air mileage
A0436	Rotary wing air mileage
A0888	Non covered ambulance mileage
A0999	Unlisted ambulance service
E1399	Durable medical equipment, miscellaneous
G0001	Routine venipunction for collection of specimen(s)
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
G9007	Collateral services per 15 minutes
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and or drugs
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group concealing by clinician
H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0018	Behavioral health; short term residential without room and board, per diem
H0019	Behavioral health; long term residential , without room and board, per diem
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H0022	Alcohol and/or drug intervention service (planned facilitation)
H0023	Behavioral health outreach service
H0025	Behavioral health prevention education services
H0031	Mental health assessment by non-physician
H0032	Mental health service plan development by non-physician
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization treatment, less than 24 hours
H0036	Community psychiatric supportive

	treatment, face to face, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem
H0038	Self-help/ peer services per 15 minutes
H0039	Assertive community treatment face to face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0043	Supported housing, per diem
H0045	Respite care services, not in the home, per diem
H0046	Mental health services, not otherwise specified
H0047	Alcohol and/or drug abuse services, not otherwise specified
H2000	Comprehensive multidisciplinary evaluation
H2010	Comprehensive medication services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development, per 15 minutes
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2021	Community based wrap around services, per 15 minutes
H2022	Community based wrap around services, per diem
H2023	Supported employment, per 15 minutes
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psycho educational service, per 15 minutes
H2030	Mental health clubhouse services, per 15 minutes
H2032	Activity therapy per 15 minutes
J0515	Injection benztrapine mesylate

J1200	Diphenhydramine HCL injection up to 50 mg
J1630	Haloperidol injection
J1631	Haloperidol decanoate injection
J2680	Fluphenazine decanoate 25 mg
J2794	Risperidone, long acting
J3410	Hydroxyzine HCL injection
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders
S0163	Injection, Risperidone, Long Acting, 12.5 mg
S0201	Partial hospitalization services, less than 24 hours, per diem
S0209	Wheelchair van, mileage per mile
S0215	Non emergency transportation services, mileage per mile
S5109	Home care training to home care client, per session
S5110	Family psycho education: skills workshop
S5111	Home care training, family per session
S5120	Chore services, per 15 minutes
S5125	Attendant care service (15minutes)
S5140	Foster care, adult, per diem
S5145	Foster care, child, per diem
S5150	Respite care by unskilled person, per 15 minutes
S5151	Respite care, day, in home
S5160	Emergency response system; installation and testing
S5161	(PERS) Service fee, per month (excludes installation and service)
S5165	Home modifications, per service
S5199	Personal care item, not otherwise specified
S9123	Nursing care only, not to be used when CPT codes 99500-99602
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9445	Patient education NOC non physician, individual per session
S9446	Patient education NOC non physician group, per session
S9470	Nutritional counseling dietician visit
S9484	Crisis intervention, mental health services, per hour

S9485	Crisis intervention, mental health services, per diem (existing)
S9976	Lodging, per diem, not otherwise specified
S9986	Not medically necessary service
T1000	Private duty nursing
T1001	Nursing assessment/evaluation
T1002	RN services up to 15 minutes
T1003	LPN/LVN services up to 15minutes
T1005	Respite care services, up to 15 minutes
T1006	Alcohol and/or substance abuse services, family/couple counseling
T1013	Sign language or oral interpreter for alcohol and/or substance abuse services
T1015	Family Psycho evaluation Skills workshop
T1016	Case management, each 15 minutes
T1017	Targeted case management each 15 minutes
T1019	Personal care ser per 15 minutes
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment.
T1023	Screening for inpatient care
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"
T2001	Non emergency transportation services; patient attend/escort
T2002	Non emergency transportation services; per diem
T2003	Non emergency transportation services; encounter/trip
T2004	Non emergency transportation services; commercial carrier, multi pass
T2005	Non emergency transportation services; stretcher van
T2007	Non emergency transport wait time
T2011	Preadmission screening and resident review (PASRR) Level II identification screening, per evaluation
T2015	Habilitation, prevocational, waiver per hour
T2025	Waiver service not otherwise specified. Use for services performed by a fiscal intermediary.
T2028	Specialized supply, not otherwise

	specified, waiver
T2029	Specialized medical equipment, not otherwise specified, waiver
T2036	Therapeutic camping overnight, waiver each session
T2037	Therapeutic camping day overnight, waiver, each session
T2038	Community transition, waiver, per service
T2039	Van lifts & wheelchair tie down system
T2049	Non emergency transportation; stretcher van, mileage
T5999	Supply, not otherwise specified
X9500	Individual Psychotherapy
X9502	Individual Psychotherapy
X9504	Individual Psychotherapy
X9506	Group therapy/counseling
X9508	Family therapy
X9510	Family therapy
X9512	Family therapy RB
X9514	Test administration
X9516	Test administration
X9518	Test administration
X9520	Test administration
X9522	Test administration
X9524	Test administration
X9526	Test administration
X9528	Group test administration RB
X9530	Test scoring
X9532	Test scoring
X9534	Test scoring
X9536	Computer scored test
X9538	Test report- written
X9540	Test report- written
X9542	Test report- written
X9544	Case conference
X9546	Case conference
X9548	Case conference out of office call, first client per location per day, RB
Y9840	One hour psychological testing, with report by a psych. examiner
Y9841	45 minutes psychological testing, with report by a psych. examiner
Y9842	30 minutes psychological testing, with report by a psych. examiner
Y9843	15 minutes psychological testing, with report by a psych. examiner

Y9844	Testing self administrated with automated screen
Y9845	Testing material
Y9846	Emergency care outside normal office hours
Z0170	Partial Care per hour
Z0330	Transportation one way to the clinic
Z1831	Pharmacological management
Z1832	Mental health assessment (non-physician)
Z1833	Counseling & therapy (individual)
Z1834	Counseling & therapy (group)
Z1837	Crisis intervention
Z1838	Partial hospitalization
Z1839	Psychiatric diagnostic interview (physician)
Z1840	Community psychiatric support treatment (individual)
Z1841	Community psychiatric support treatment (group)
Z1843	Assertive community treatment
Z1844	Intensive home based treatment
Z4100	Physician, 15 minutes (Emergency services)
Z4101	Psychiatrist, 15 minutes (Emergency services)
Z4102	Psychologist, 15 minutes (Emergency services)
Z4103	Social worker, 15 minutes (Emergency services)
Z4104	Licensed clinical professional counselor, 15 minutes (Emergency services)
Z4105	Psychiatric nurse, 15 minutes (Emergency services)
Z4106	Other qualified staff, 15 minutes (Emergency services)
Z4107	Day treatment
Z4114	Physician, 15 minutes (Crisis resolution)
Z4115	Psychiatrist, 15 minutes (Crisis resolution)
Z4116	Psychologist, 15 minutes (Crisis resolution)
Z4117	Social worker, 15 minutes (Crisis resolution)
Z4118	Licensed clinical professional counselor, 15 minutes (Crisis resolution)
Z4119	Psychiatric nurse, 15 minutes (Crisis resolution)
Z4120	Other qualified staff, 15 minutes (Crisis resolution)

	resolution)
Z4121	Physician, 15 minutes (Infant mental health)
Z4122	Psychiatrist, 15 minutes (Infant mental health)
Z4123	Psychologist, 15 minutes (Infant mental health)
Z4124	Social worker, 15 minutes (Infant mental health)
Z4125	Licensed clinical professional counselor, 15 minutes (Infant mental health)
Z4126	Psychiatric nurse, 15 minutes (Infant mental health)
Z4127	Physician, 15 minutes (Children's outpatient)
Z4128	Psychiatrist, 15 minutes (Children's outpatient)
Z4129	Psychologist, 15 minutes (Children's outpatient)
Z4130	Social worker, 15 minutes (Children's outpatient)
Z4131	Licensed clinical professional counselor, 15 minutes (Children's outpatient)
Z4132	Psychiatric nurse, 15 minutes (Children's outpatient)
Z4133	Psychological examiner, 15 minutes (Children's outpatient)
Z4134	Physician, 15 minutes (Children's family & community support)
Z4135	Psychiatrist, 15 minutes (Children's family & community support)
Z4136	Psychologist, 15 minutes (Children's family & community support)
Z4137	Social worker, 15 minutes (Children's family & community support)
Z4138	Licensed clinical professional counselor, 15 minutes (Children's family & community support)
Z4139	Psychiatric nurse, 15 minutes (Children's family & community support)
Z4140	Other qualified staff, 15 minutes (Children's family & community support)
Z4141	Physician, 15 minutes (Medication management)
Z4142	Psychiatrist, 15 minutes (Medication management)

Z4143	Psychiatric nurse, 15 minutes (Medication management)
Z4144	Nurse practitioner, 15 minutes (Medication management)
Z4145	Physician assistant, 15 minutes (Medication management)
Z4146	Registered nurse, 15 minutes (Medication management)
Z4148	Physician, 15 minutes (Adult's mental health services-Emergency)
Z4149	Psychiatrist, 15 minutes (Adult's mental health services-Emergency)
Z4150	Psychologist, 15 minutes (Adult's mental health services-Emergency)
Z4151	Social worker, 15 minutes (Adult's mental health services-Emergency)
Z4152	Licensed clinical professional counselor, 15 minutes (Adult's mental health services-Emergency)
Z4153	Psychiatric nurse, 15 minutes (Adult's mental health services-Emergency)
Z4154	Other qualified staff, 15 minutes (Adult's mental health services-Emergency)
Z4155	Physician, 15 minutes (Outpatient)
Z4156	Psychiatrist, 15 minutes (Outpatient)
Z4157	Psychologist, 15 minutes (Outpatient)
Z4158	Social worker, 15 minutes (Outpatient)
Z4159	Licensed clinical professional counselor, 15 minutes (Outpatient)
Z4160	Psychiatric nurse, 15 minutes (Outpatient)
Z4161	Psychological examiner, 15 minutes (Outpatient)
Z4162	Physician, 15 minutes (Crisis intervention)
Z4163	Psychiatrist, 15 minutes (Crisis intervention)
Z4164	Psychologist, 15 minutes (Crisis intervention)
Z4165	Social worker, 15 minutes (Crisis intervention)
Z4166	Licensed clinical professional counselor, 15 minutes (Crisis intervention)
Z4167	Psychiatric nurse, 15 minutes (Crisis intervention)
Z4168	Other qualified staff, 15 minutes (Crisis intervention)
Z4169	Adult crisis support (support)

Z4176	Physician, 15 minutes (Crisis support)
Z4177	Psychiatrist, 15 minutes (Crisis support)
Z4178	Psychiatric nurse, 15 minutes (Crisis support)
Z4179	Nurse practitioner, 15 minutes (Crisis support)
Z4180	Physician assistant, 15 minutes (Crisis support)
Z4181	Registered nurse, 15 minutes (Crisis support)
Z4183	Adult outpatient group therapy, 15 minutes (Outpatient)
Z4184	Children's outpatient group therapy, 15 minutes
Z4185	Children's family & community support therapy(individual, group), 15 minutes
Z4186	Children's crisis & support (per diem unit)
Z4187	Children's family & community support, per diem
Z4188	Family psychoeducation treatment program, monthly
Z6057	Group therapy by a Psychologist, 45 minutes
Z6058	Group therapy by a Psychologist, 30 minutes
Z6059	Group therapy by a Psychologist, 15 minutes
Z6060	Group therapy by a Psychologist Co-Therapist, 60 minutes
Z6061	Group therapy by a Psychologist Co-Therapist, 45 minutes
Z6062	Group therapy by a Psychologist Co-Therapist, 30 minutes
Z6063	Group therapy by a Psychologist Co-Therapist, 15 minutes
Z6076	Psychological testing with report by a Psychologist, 60 minutes
Z6077	Psychological testing with report by a Psychologist, 45 minutes
Z6078	Psychological testing with report by a Psychologist, 30 minutes
Z6079	Psychological testing with report by a Psychologist, 15 minutes
Z6080	Individual intervention service
Z6081	Psychologist examiner, 15 minutes
	Individual intervention service

Z6082	Psychologist examiner, 30 minutes Individual intervention service
Z6083	Psychologist examiner, 45 minutes Individual intervention service
Z6084	Psychologist examiner, 60 minutes Group intervention service Psychologist examiner, 15 minutes
Z6085	Group intervention service Psychologist examiner, 30 minutes
Z6086	Group intervention service Psychologist examiner, 45 minutes
Z6087	Group intervention service Psychologist examiner, 60 minutes
Z6088	Collateral contact by a Psychological examiner, 15 minutes
Z6089	Collateral contact by a Psychological examiner, 30 minutes
Z6090	Collateral contact by a Psychological examiner, 45 minutes
Z6091	Collateral contact by a Psychological examiner, 60 minutes
Z9057	Individual psychotherapy by a Psychologist, 60 minutes
Z9058	Individual psychotherapy by a Psychologist, 45 minutes
Z9059	Individual psychotherapy by a Psychologist, 30 minutes
Z9061	Individual psychotherapy by a Psychologist, 15 minutes
Z9063	Group psychotherapy, 60 minutes
Z9072	Individual covered emergency service by a Psychologist, 45 minutes
Z9073	Individual covered emergency service by a Psychologist, 30 minutes
Z9074	Individual covered emergency service by a Psychologist, 15 minutes
Z9075	Family psychotherapy by a Psychologist, 60 minutes
Z9076	Family psychotherapy by a Psychologist, 45 minutes
Z9077	Family psychotherapy by a Psychologist, 30 minutes
Z9078	Family psychotherapy by a Psychologist, 15 minutes
Z9079	Group covered service, emergency services by a Psychologist, 60 minutes

Z9080	Group covered service, emergency services by a Psychologist, 45 minutes
Z9081	Group covered service, emergency services by a Psychologist, 30 minutes
Z9082	Group covered service, emergency services by a Psychologist, 15 minutes
Z9083	Individual psychological evaluation by a Psychologist, 60 minutes
Z9084	Individual psychological evaluation by a Psychologist, 45 minutes
Z9085	Individual psychological evaluation by a Psychologist, 30 minutes
Z9086	Individual psychological evaluation by a Psychologist, 15 minutes
Z9110	Collateral contact by a Psychologist, 60 minutes
Z9111	Collateral contact by a Psychologist, 45 minutes
Z9112	Collateral contact by a Psychologist, 30 minutes
Z9113	Collateral contact by a Psychologist, 15 minutes

Notes and References:

Level I CPT codes AMA searchable website: https://catalog.ama-assn.org/Catalog/cpt/cpt_home.jsp

CPT 5-digit numeric codes, owned by the AMA, include:

Psychiatric codes (90801 – 90899),
Health Behavioral Assessment & Intervention (HBAI codes 96150 – 55), and Evaluation
& Management (EM codes—4 categories):
Office: 99201 – 99215;
Consultation: 99241 – 99255;
Home care: 99324 – 99340; and
Preventive: 99381 - 99429.

The use of either HBAI or EM CPT Codes requires a primary physical health diagnosis. HBAI codes are for non-physicians who are MH specialists. EM codes are to be used only by physicians or physician extenders, such as primary care MDs.

To use EM codes, the physician would use the appropriate outpatient EM code with a primary ICD-9 mental illness diagnosis, such as 311 depressive disorder, 300.00 Anxiety disorder, 300.02 Generalized Anxiety Disorder.

Level II. The link to the Level II alphanumeric HCPCS file, which must be downloaded in zip version and opens in Excel, is

<http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage>

Zipped filename to download: 2007 Alpha-Numeric HCPCS File

Actual File: 07anweb_v3_122106.xls

Level II HCPCS codes beginning with letters A through

V are national codes; however, there are certain codes that Medicare does not pay for.

For example, the S-codes are not recognized by Medicare; however, they are used by other third party payers (e.g., Aetna, Blue Cross/Blue Shield, Department of Defense, Humana, etc.).

Level II codes beginning with W, X, Y and Z are local State codes, and may vary from State to State.

Appendix D

State contacts on Successful MH CPT & HCPCS codes used to bill Medicaid for MH services

State	Person	Contact Information	Date contact	Information -	Okay
AZ	Susan Ackley	Susan.ackely@azahccs.gov 602.417.4804 Kate.Aurelius@azahcccs.gov for Stuart MacKenzie 602.417.4182 on EM http://www.azahcccs.gov/Regulations/OSPpolicy/	2/07/07 2/22/07 6/24/07	List of level I psychiatric in Pdf document. top 5 requires data pull	OK – 9/20
MA	Nancy Peterson	Nancy.Peterson@umassmed.edu 508.856.6425	2/08/2007	Email of interest. No info yet	
MI	Judy Webb	WEBB@michigan.gov 517.335.4419	2/12/2007	Listed CPT codes: Level I Psychiatric and EM. No HBAI	
CA	Alan Solomon; Rita McCabe Kate Sabel, Robert Quider	916.651.9370 KSabel@dhcs.ca.gov ; Robert.Quider@dhcs.ca.gov 914.464.2135 Lawrence.BoarerPitchford@dhcs.ca.gov	2/14/2007 via phone; 2/12 via email; 3/14 via US mail Email Quider 7-16 , 7/23	Sent codes via US mail—includes CPT and HCPCS Top 5 codes	
HI	An Ming Tan	808.692.8097 ATan@medicaid.dhs.state.hi.us	2/12/07 via email and 3/01/07	CPT encounter codes	
WI	Christine Wolf	608.266.9195 WOLFCS@dhfs.state.wi.us State site: www.dhfs.wisconsin.gov/medicaid/updates	2/20/07 7/12/07 via email	See WI website. Top 5 codes	OK 8/10
VT	Judy Higgins	802.879.5956 Judy.Higgins@ahs.state.vt.us	2/23/07 via email	2 Excel spread	OK 8/3

		State site: http://www.ovha.state.vt.us/		sheets	
OK	Debbie Spaeth	405.522.7080 Debbie.spaeth@okhca.org; Glenn.lane@okhca.org ; sdavis@odmhsas.org	2/27/07 via email; 8/3/07 top 5	HCPCS and CPT codes extracted as attachment	OK 8/09
NJ	Laura Gernhardt	609-588-2746 [Laura.Gernhardt@dhs.state.nj.us]	3/02/07 via email 6/8 answer; 6/28 top 5	Email with CPT & HBAI codes	OK 7/27
OH	Daniel Arnold	614-752-3525 Arnold@odjfs.state.oh.us State website: http://emanuals.odjfs.state.oh.us/emanuals/DataImages.srv/emanuals/pdf/pdf_forms/3160APXDD.PDF	5/ 18 and 5/21/07 emails; 6.26 re top 5 codes	5/18-List of CPT codes 5/22- HCPCS with type provider	OK 8/10
ME	Robin Chacon & Ginger Roberts	(207) 287-2769 [Robin.Chacon@maine.gov] 207-287-9365 Ginger.Roberts@maine.gov Heather.House@maine.gov 207.287.5732 http://www.maine.gov/bms/pdfs_doc/billing/mental_health_billing_requirements.pdf	2/22 from Bizak & 6/8/07 emails; 7/13/07	6/8/07 directed to state website. Top 5 codes	OK 8/09

Updated 9.20.07